

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 47

Write or Type Committee Name  
American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	210549.96
(b) Cash on Hand at Beginning of Reporting Period .....	39234.57	
(c) Total Receipts (from Line 19) .....	31332.85	474874.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70567.42	685424.83
7. Total Disbursements (from Line 31) .....	4199.29	619056.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66368.13	66368.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 47

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	26414.03	389919.54
(ii) Unitemized .....	3780.84	72316.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30194.87	462236.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30194.87	462236.52
12. Transfers From Affiliated/Other Party Committees .....	0.00	1955.83
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1137.98	10661.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	21.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31332.85	474874.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31332.85	474874.87

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	949.29	13483.33	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	949.29	13483.33	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	604493.32	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	830.05	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	830.05	
29. Other Disbursements.....	250.00	250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4199.29	619056.70	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4199.29	619056.70	

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	30194.87	462236.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	830.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30194.87	461406.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	949.29	13483.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1137.98	10661.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-188.69	2822.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard P. Abben, M.D., F.A.

Mailing Address 225 Dunn St

City

Houma

State

LA

Zip Code

70360-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Inst. of  
the South

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: DA7E503F9017B3940E4

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Manuel E. Abella, M.D., F.A.

Mailing Address 9848 SW 110th St

City

Miami

State

FL

Zip Code

33176-2886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Florida Cardiology  
Associates P.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 4FC8897A813F55C97214

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Manuel E. Abella, M.D., F.A.

Mailing Address 9848 SW 110th St

City

Miami

State

FL

Zip Code

33176-2886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Florida Cardiology  
Associates P.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 46F39F5764E0FE6F41EA

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

406.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur S. Agatston, M.D., F.A.

Mailing Address 1691 Michigan Avenue Street 500

City

Miami

State

FL

Zip Code

33139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 96E51BEF172BFC82C19

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Cardiologists,  
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 471386FDE88FDA6F3ED4

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Cardiologists,  
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 4ECDBFFCD920C16C607B

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Dr

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pittsburgh  
Medical Center

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	1	0

Transaction ID: 4124A7BF3B94BED574E0

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Juan M. Aranda, Jr., M.D.,

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shands at the University  
of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	1	0

Transaction ID: 4F6789BA71C50074DF74

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Iqbal Bashir, M.D., F.A.

Mailing Address PO Box 4860  
6 Hearts Way,

City

Queensbury

State

NY

Zip Code

12804-0860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adirondack Cardiology Ass-  
ociates, PC

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 73D90A35F22A984ECFC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

433.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 W 89th St

City

Leawood

State

KS

Zip Code

66206-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Consultant-  
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 4B4A87D09E4BF0B51B03

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 W 89th St

City

Leawood

State

KS

Zip Code

66206-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Consultant-  
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 4FAB8E7C019A8D9A6FAA

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alan E. Benheim, M.D., F.A.

Mailing Address 8316 Arlington Blvd  
Ste 610

City

Fairfax

State

VA

Zip Code

22031-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pediatric Cardiology Asso-  
ciates, P.C.

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: BC495AD057AF001BAB8

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ravi S. Bhagwat, M.B.B.S.,

Mailing Address 10010 Donald S Powers Dr

City

Munster

State

IN

Zip Code

46321-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Associates of  
NW Indiana

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: C05B9DF5F42F8FADEA0

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce R. Brodie, M.D., F.A.

Mailing Address 313 Meadowbrook Ter

City

Greensboro

State

NC

Zip Code

27408-6529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of NC Teaching  
ServiceMoses

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: D074A43C-D02A-4D88-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Heart Specialists-  
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 4E1DB2B9CC590F7D2143

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Heart Specialists-  
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 4258AE11B83A444F895A

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Buetikofer, M.D., F.A.

Mailing Address 6717 Manchester Farms Rd

City

Fairview

State

PA

Zip Code

16415-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consultants in Cardiovas-  
cular Diseases

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 6BCB31430F47F7D9D26

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Curtis S. Burnett, M.D., F.A.

Mailing Address 16259 Sylvester Rd SW  
Ste 401

City

Burien

State

WA

Zip Code

98166-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 4575C444A99D26AE304

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Founda-  
tion

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 4BB38147B91E57016B6E

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: 43FA807E11EBD2134A31

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 4946A9767F58E477AE77

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

284.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joonun Choi, M.D.

Mailing Address 80 Mill River St  
Ste 1300

City State Zip Code  
Stamford CT 06902-3733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Heart Physicians

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: EFAF50EF11753218A82

Amount of Each Receipt this Period

730.00

**B.**

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City State Zip Code  
Glastonbury CT 06033-2545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Francis Hospital and  
Medical Centre

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 4B1A92ADD62C4EEF7D9C

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City State Zip Code  
Glastonbury CT 06033-2545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Francis Hospital and  
Medical Centre

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 48B5A370F66F03F29B01

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Aubrey G. Clarke, M.D., F.A.

Mailing Address 29 Tamar Dr

City

Valley Cottage

State

NY

Zip Code

10989-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harlem Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: 4BD24034DEE0FC14D73

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Chapter of the  
ACC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.72

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 1 0

Transaction ID: 44E1812A3A51B281D81C

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Chapter of the  
ACC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 5 / 2 0 1 0

Transaction ID: 4F7FAD71A2E12AF35D6E

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

531.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel P. Conroy, Jr., M.D.,

Mailing Address 122 Heller Way

City

Montclair

State

NJ

Zip Code

07043-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 4E2E979D15823C0F7640

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David R. Cragg, M.D., F.A.

Mailing Address 4600 Investment Dr  
Ste 200

City

Troy

State

MI

Zip Code

48098-6375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michigan Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: 4AE69A4062E5187362D5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: 44D1978E1C37A34EC2EA

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sanjiv G. Faldu, M.D., F.A.

Mailing Address 7 Pheasant Drive

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: 4C72947763893C18BE50

Amount of Each Receipt this Period

91.25

**B.**

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	1	0

Transaction ID: 4DF2B719AC52F1E8851D

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	5	/	2	0	1	0

Transaction ID: 4274AAB2F2137C0041B8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

257.91

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Dr

City

Little Rock

State

AR

Zip Code

72212-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardi-  
ology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Transaction ID: 4F6E8834B1DF5D418579

Amount of Each Receipt this Period

222.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW  
Heart House

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardi-  
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	1	0

Transaction ID: 44AF9042A2B3A1675E69

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St  
# 1609

City

San Francisco

State

CA

Zip Code

94115-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSF Medical Center at Mt.  
Zion

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Transaction ID: 44C6B3D88519DB4F6588

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

389.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 4C66A6FB58E600518B60

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Anuj Gupta, M.D., F.A.

Mailing Address 1400 William St

City

Baltimore

State

MD

Zip Code

21230-4545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland Sc-  
hool of Medic

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 45D294EAB7D61714AB20

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Wade T. Hamilton, M.D., F.A.

Mailing Address 12 High St  
Ste 301

City

Lewiston

State

ME

Zip Code

04240-7690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Maine Healthcare

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: F69D81A023F2C257480

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

370.83

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln  
Ste 2

City	State	Zip Code
Hinsdale	IL	60521-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	1	0

Transaction ID: 4FD6B974D3C07E0FF859

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Robert E. Hobbs, M.D., F.A.

Mailing Address 2713 Dryden Rd

City	State	Zip Code
Shaker Heights	OH	44122-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland ClinicOccupation  
HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	1	0

Transaction ID: 4C5EBAF6FF95B1EDDD56

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Robert E. Hobbs, M.D., F.A.

Mailing Address 2713 Dryden Rd

City	State	Zip Code
Shaker Heights	OH	44122-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland ClinicOccupation  
HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	5	/	2	0	1	0

Transaction ID: 4D688C78EA96852EBE7C

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

250.02

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Glenn P. Jacobs, M.D., F.A.

Mailing Address 368 Lakehurst Rd  
Ste 301City State Zip Code  
Toms River NJ 08755-7339FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cardiology ConsultantsOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 8AA819E9690C33D5381

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

C. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons Ln

City State Zip Code  
Dayton OH 45414-2065FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dayton Heart Center, Inc.Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

863.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	1	0

Transaction ID: 4FAFB34CBBD73156A154

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Aman K. Kakkar, M.B.B.S.,

Mailing Address 1505 Northside Blvd  
Ste 4000City State Zip Code  
Cumming GA 30041-8216FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Atlanta Heart AssociatesOccupation  
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 857D330A509411122AF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1083.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence J. Kanter, M.D., F.A.

Mailing Address 3599 University Blvd S  
Ste 913

City State Zip Code  
Jacksonville FL 32216-4269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardiovascular Associates  
of Jacksonville

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 57BB0ADDBB092639C67

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Atilla Kayalar, M.D.

Mailing Address 6 Hearts Way  
9310 Regency Park North

City State Zip Code  
Queensbury NY 12804-5925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Adirondack Cardiology Ass-  
oc., PC

Occupation  
INTERNAL MED.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 890217C465813B4EAD9

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

George P. Kinzfogl, III, M.D.,

Mailing Address 33 Lettery Cir

City State Zip Code  
Sudbury MA 01776-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heart Center of MetroWest

Occupation  
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.30

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 43F2B691EB7EE46385E6

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

770.83

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave  
Ste 2City State Zip Code  
Somers Point NJ 08244-2367FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Shore Heart Consultants,  
LLCOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	1	0

Transaction ID: 46ADB868D030DDCBB3E4

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Layden, M.D., F.A.

Mailing Address PO Box 4860  
6 Hearts Way,City State Zip Code  
Queensbury NY 12804-0860FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Adirondack Cardiology Ass-  
oc., PCOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: 85E4349C16169BE21B0

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark L. Leitschuh, M.D., F.A.

Mailing Address 13133 N Port Washington Rd  
Ste 122City State Zip Code  
Mequon WI 53097-2420FEC ID number of contributing  
federal political committee.**C**Name of Employer  
North Shore Card., S.C.Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: B20263D519DCB2DE581

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1041.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Liguori, M.D., F.A.

Mailing Address 725 S Dobson Rd  
Ste 100

City State Zip Code  
Chandler AZ 85224-5676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Cardiovascular Ce-  
nter PLC

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: D020CBF353AA87496B6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Ave

City State Zip Code  
Owensboro KY 42301-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Green River Heart Institu-  
te

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 1 0

Transaction ID: 480D9ED08B395A0CDC10

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City State Zip Code  
Fort Wayne IN 46814-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology Cor-  
poration

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 425B86D377AD49F51DDA

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology Cor-  
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 4F62A6460044054C6976

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Madjid Mirzaitehrane, M.D., F.A.

Mailing Address 4139 Bellefontaine St

City

Houston

State

TX

Zip Code

77025-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelsey-Seybold Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: 4A469AA72A140FB5A50D

Amount of Each Receipt this Period

91.25

**C.**

Full Name (Last, First, Middle Initial)

Scott M. Munro, M.D., F.A.

Mailing Address 56 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adirondack Cardiology Ass-  
oc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: D6275BACA7560B11E47

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

541.25

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George Hunter Myers, M.D., F.A.

Mailing Address 504 Redmond Rd NW

City

Rome

State

GA

Zip Code

30165-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbin Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: FAF53CF4C294F337469

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

M. R. Sasidharan Nair, M.B.B.S.,

Mailing Address 660 Holly Rd

City

Cadillac

State

MI

Zip Code

49601-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand Traverse Heart Asso-  
ciates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: 78A5764B8C6AA926B89

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Nocero, Jr., M.D.,

Mailing Address 103 Satsuma Dr

City

Altamonte Springs

State

FL

Zip Code

32714-6505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Florida Cardiology  
Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	1	0

Transaction ID: CA43606A8A068F1069F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary W. Olson, M.D., F.A.

Mailing Address 1523 Thornebrooke Cir

City

Dalton

State

GA

Zip Code

30720-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dalton Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: DCA6A35651C1C3515EE

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Pankaj V. Patel, M.B.B.S.,

Mailing Address 3205 Dentcrest Dr  
Apt A

City

Midland

State

TX

Zip Code

79707-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midland Cardiology Clinic-  
Midland Memor

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 145B376B548C1FFD3E3

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen A. Paveglio, M.D., F.A.

Mailing Address 3230 Waring Ct  
Ste 0

City

Oceanside

State

CA

Zip Code

92056-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 5 / 2 0 1 0

Transaction ID: C053E7CA-2935-4EEA-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jose E. Pereyo-Diaz, M.D., F.A.

Mailing Address PO Box 9432

City

Bayamon

State

PR

Zip Code

00960-9432

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 4710BB0125794D19297

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Neal S. Perlmuter, M.D., F.A.

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	1	0

Transaction ID: 41889DE9E29508D5CA49

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Ct

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Shore Heart Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 4DE997D00B5BA59BE5F2

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional) .....

448.33

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Cardiology Associat-  
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	1	0

Transaction ID: 4DED96AE77AE40B82951

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

David R. Richards, D.O., F.A.

Mailing Address 3705 Olentangy River Rd  
Ste 100

City

Columbus

State

OH

Zip Code

43214-3467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid Ohio Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: B0B0CA9255FFB92E6F6

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	1	0

Transaction ID: 4C909DF825A95C93A853

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

490.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halleys Ct

City

Colorado Springs

State

CO

Zip Code

80906-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 439C84A8BCF1BE423952

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Rossi, M.D., F.A.

Mailing Address 2380 Spyglass HI

City

Center Valley

State

PA

Zip Code

18034-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Valley Heart Spec-  
ialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: A480DC5F91EC8B547B1

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.02

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 4A2DB302CCB672544B12

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

416.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	1	0

Transaction ID: 4627858FFF31613B75D7

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Patrick J. Rowley, M.D., F.A.

Mailing Address 84 Fitzgerald Rd

City

Queensbury

State

NY

Zip Code

12804-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adirondack Cardiology Ass-  
oc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: 5B07376064B5A319D54

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St  
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denver VA Medical Center /  
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	1	0

Transaction ID: 487D97DAFDC863716BCD

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

666.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St  
Cardiology (111B)

City State Zip Code  
Denver CO 80220-3808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Denver VA Medical Center /  
University

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 5 / 2 0 1 0

Transaction ID: 4FE4BD9F3DFD2AE97FD9

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Ravish Sachar, M.D., F.A.

Mailing Address 4204 Berry D Sims Wynd

City State Zip Code  
Raleigh NC 27612-5344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wake Heart and Vascular

Occupation  
INTERNAL MED.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: AA4B02FE7705D5D3303

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

R. Gregory Sachs, M.D., F.A.

Mailing Address 92 Mountain Ave

City State Zip Code  
Summit NJ 07901-3478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Summit Medical Group

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 400F588B30BA58A9EA8

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

698.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul D. Sarkaria, M.D., F.A.

Mailing Address 3230 Waring Ct  
# 0

City State Zip Code  
Oceanside CA 92056-4509

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 5 / 2 0 1 0

Transaction ID: 9C424D64-33D7-4025-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN, A.A.C.

Mailing Address 10580 N Meridian St

City State Zip Code  
Indianapolis IN 46290-1028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Vincent Heart Center  
of Indiana

Occupation  
ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 4FA19AA6C0C97DBD6D45

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Richard P. Seher, M.D., F.A.

Mailing Address PO Box 10701

City State Zip Code  
Reno NV 89510-0701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reno Heart PhysiciansElm  
Street Profes

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: 407050D12B7BF21067D

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

948.34

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Shanahan, D.O., F.A.

Mailing Address 8714 Spur Ln

City

Easton

State

MD

Zip Code

21601-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chesapeake Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	1	0

Transaction ID: 437584B5CD19FB7FE62B

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	1	0

Transaction ID: 456796654902D55B7DB2

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	5	/	2	0	1	0

Transaction ID: 4CB6917278DD18854D2F

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional) .....

188.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jay S. Simonson, M.D., F.A.

Mailing Address 6500 Excelsior Blvd

First Floor Cardiology Clinic

City

State

Zip Code

Saint Louis Park

MN

55426-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Heart and  
Vascular Centre

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 5B7282766481023A8D7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City

State

Zip Code

Johns Creek

GA

30024-5304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 4DFEA72C81D1076A98F2

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Slama, III, M.D.,

Mailing Address 44 Edgewood Rd

City

State

Zip Code

Summit

NJ

07901-3988

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 33F074C5814D90E0CAF

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

791.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard W. Snyder, M.D., F.A.

Mailing Address 5514 Yolanda Ln

City

Dallas

State

TX

Zip Code

75229-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	1	0

Transaction ID: 48278D53A46BA6727BDA

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main St  
Ste 205

City

Cape May Court Hou

State

NJ

Zip Code

08210-2264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape Shore Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: 437D8D6000B0B6478A71

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Michael L. Steinfeld, M.D., F.A.

Mailing Address 1 Monroeville Ctr  
Ste 500

City

Monroeville

State

PA

Zip Code

15146-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 4D052598CD51C542E55

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

583.33

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph E. Steinmetz, M.D., F.A.

Mailing Address 1210 Alderly Rd

City

Indianapolis

State

IN

Zip Code

46260-1623

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: CB0B4D57F28570A7B13

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John S. Strobel, M.D., F.A.

Mailing Address 3407 E Olcott Blvd

City

Bloomington

State

IN

Zip Code

47401-2429

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Internal Medicine Associa-  
tes

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	1	0

Transaction ID: 5B9D368BC78579B2018

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Stuppy, M.D., F.A.

Mailing Address 831 Rustic Rdg

City

Joplin

State

MO

Zip Code

64804-4573

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	1	0

Transaction ID: EAF6C5A66F63EBAD3E3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maria E. Taveras, M.D., F.A.

Mailing Address 1905 E Huebbe Pkwy

City

Beloit

State

WI

Zip Code

53511-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: A89155C00C017B0133F

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City

Bethesda

State

MD

Zip Code

20814-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 41E1845427127651A378

Amount of Each Receipt this Period

208.34

**C.**

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd

City

Lynchburg

State

VA

Zip Code

24503-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cardiovascular Group  
Centra/Stroob

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 48559088CAF036AF2DF3

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

541.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hector O. Ventura, M.D., F.A.

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Clinic Foundation-  
Dept of Card

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: D2241D3059ED43A6426

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave  
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 42E380AE59ECEB57DC69

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 0

Transaction ID: 4F619AC734CAD96B4750

Amount of Each Receipt this Period

91.00

**SUBTOTAL** of Receipts This Page (optional) .....

424.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Thomas Health Servi-  
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 1 0

Transaction ID: 4B7083770DBCD2F5F818

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd PI

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Heart Center  
of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 49D18318486B498A2734

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd PI

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Heart Center  
of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 43329E041E72B6035033

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Hwy NE  
Ste 530

City	State	Zip Code
Atlanta	GA	30328-4222

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cardiology of Georgia, P.-  
C.Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	1	0

Transaction ID: 4BDE8E11A8771E2E2AFC

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City	State	Zip Code
Los Angeles	CA	90049-5810

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pacific Heart InstituteOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 41699AB28E4105F93541

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City	State	Zip Code
Topeka	KS	66606-1234

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cotton O'Neil Heart CenterOccupation  
ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	1	0

Transaction ID: 49CCAE1CD8933BBE6189

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

533.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James D. Yopp, M.D., F.A.

Mailing Address 4634 Quail High Blvd

City

Morrisville

State

NC

Zip Code

27560-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 1E1EA25717D7EA7FDBD

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

George Younis, M.D., F.A.

Mailing Address 3035 Wroxtan Rd

City

Houston

State

TX

Zip Code

77005-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Episcopal Hosp-  
ital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 1 0

Transaction ID: 4AAB808D3CF1432C5723

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

George Younis, M.D., F.A.

Mailing Address 3035 Wroxtan Rd

City

Houston

State

TX

Zip Code

77005-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Episcopal Hosp-  
ital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: 457BAE4122427ECC4F5F

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

1041.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Samuel H. Zimmern, M.D., F.A.

Mailing Address 3601 Knapdale Ln

City

Charlotte

State

NC

Zip Code

28226-6338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanger Clinic, PA

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: C0408DCE365EA7E9D05

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

26414.03

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 47

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

10661.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Transaction ID: 3D48F0E3F9E72A6294E

Amount of Each Receipt this Period

1137.98

Reimbursement for October  
Amex and November Merchant  
Fees

SUBTOTAL of Receipts This Page (optional) .....

1137.98

TOTAL This Period (last page this line number only) .....

1137.98

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> VF28C14D2B557E20C6A4 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement November Amex Fees Candidate Name	<table border="1"> <tr> <td colspan="10">178.12</td> </tr> </table>	178.12																			
178.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> V1C0C9B243FFCA138D34 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement December Amex Fees Candidate Name	<table border="1"> <tr> <td colspan="10">190.48</td> </tr> </table>	190.48																			
190.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Bank	<b>Transaction ID:</b> MD2C6C0F901B83DEB6C0 <b>Date of Disbursement</b>																				
Mailing Address C/O Nova Information Systems 7300 Chapman Hwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
City Knoxville State TN Zip Code 37920	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement December Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">580.69</td> </tr> </table>	580.69																			
580.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**949.29**

**TOTAL** This Period (last page this line number only) .....

**949.29**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 / 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Congressman Bart Gordon Committee

Mailing Address PO Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Voided 6/25/09 DisbursementCandidate Name  
Bart Gordon011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D80582618DFD420A8D0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

**B.** Full Name (Last, First, Middle Initial)  
Doc PAC

Mailing Address 264 N. Lumpkin Street, #202

City Athens State GA Zip Code 30601

Purpose of Disbursement  
2010 ContributionCandidate Name  
Doc PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 4784783012B235A2468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Heller for Congress

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053

Purpose of Disbursement  
Voided 6/10/09 DisbursementCandidate Name  
Dean Heller011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: EF88339585270731F4B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 853

City  
Edwardsville

State  
IL

Zip Code  
62025

Purpose of Disbursement  
2010 Contribution

Candidate Name  
John S Fund

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 42B130C6CE749CAB4EC

Date of Disbursement

12 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

3000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: VA7A426B39A9C18938D8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00